

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043861

6043

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

FILED DEC - 2 1963

VS 300
Rev. 4/59

1

23 558

3

4 3

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9762.1

10

11

1257-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Frank Ellis

MEDICAL CERTIFICATION

Embalmer

Funeral Director

Address

11-3-63

KEH. Hunt

11-7-63

23d. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Bessie Smith

22c. DATE SIGNED

11-6-63

(State)

22b. ADDRESS

2400 Cherry

22a. SIGNATURE

(Degree or title)

21. I attended the deceased from

11-3-63

to

11-3-63

and last saw her

11-3-63

him alive on

11-3-63

Death occurred at

10:30 P

m on the date stated above, and to the best of my knowledge, from the causes stated.

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20d. INJURY OCCURRED WHILE AT WORK

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20a. ACCIDENT

SUICIDE

HOMICIDE

19. WAS AUTOPSY PERFORMED?

YES

NO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Tension pneumo-thorax; Anomalous diaphragm

CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

17. INFORMANT

Address

Florence Cravens

2505 E. 37th

K.C., Mo.

14. NAME OF HUSBAND OR WIFE

13b. MOTHER'S MAIDEN NAME

Florence Moore

13a. FATHER'S NAME

Melvin Cravens

12. CITIZEN OF WHAT COUNTRY

USA

11. BIRTHPLACE (City and state or country)

Kansas City, Missouri

10b. KIND OF BUSINESS OR INDUSTRY

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

11-3-63

8. DATE OF BIRTH

7. Married

Never Married

Widowed

Divorced

6. COLOR OR RACE

Negro

5. SEX

Female

4. DATE OF DEATH

Month

Day

Year

November

3, 1963

3. NAME OF DECEASED

First

Middle

Last

Cravens

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Kansas City

Length of stay in 1b

1 hr.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

General Hospital Med. Ct.

Inside Limits

Yes

No

d. STREET ADDRESS

(If outside, give location)

2505 East 37th

Reside on Farm

Yes

No

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Not Embalmed, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John A. Robinson

Licensed Embalmer No. 3089

P. O. Address KC MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.